

## The Secretary for Health Services

COMMONWEALTH OF KENTUCKY 275 EAST MAIN STREET FRANKFORT 40621-0001 (502) 564-7042

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GOVERNOR

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August 4, 2003

Community Mental Health Centers
Substance Abuse Providers
Provider Letter #A-62

The Cabinet for Health Services filed emergency regulation, 907 KAR 3:110E, with an effective date of July 1, 2003. The emergency regulation makes the following policy changes in the regulation:

- The requirements for the psychosocial assessments for individuals receiving indicated prevention services have been broken down into two segments. A full psychosocial assessment will only be required if the recipient shows evidence of current use or being at the risk of substance use.
- The required time between a request for a prevention service and the delivery of the service has increased from 7 days to 30 days.
- Allows for screenings during the delivery of a service to determine the need for an assessment.
- The requirement for the pre and post test has been deleted from the regulation.
- Amended the requirement of who can provide prevention services to include a
  person with a bachelor's degree from an accredited college or university who is
  receiving supervision and training, and obtains their Certified Prevention Professional
  certification within 3 years of service.
- Expanded the categories for Psychologist to include a licensed psychological practioner and a licensed psychological associate.

"...promoting and safeguarding the health and wellness of all Kentuckians."



 Amended the requirement from a professional counselor being certified by the Kentucky Board of Certification for Professional Counselors Board to being licensed by the Kentucky Licensed Professional Counselors Board.

• Prevention professionals are required to be certified and meet the requirements

established by the community mental health and mental retardation centers.

• The new non-certified prevention professional can provide services under the supervision of a Certified Prevention Professional.

 Allows for verification of pregnancy or postpartum status to be verified through written or verbal documentation from the individuals health care provider or their authorized representative.

• Extended the reimbursement rates for state fiscal year (SFY) 2004 to remain the

same as the SFY 2003.

We appreciate and value your participation in the Medicaid program, and the services you provide recipients. If you have questions regarding this letter, please contact Jennifer Smith, Division of Medicaid Services for Mental Health/Mental Retardation at (502) 564-5198.

Sincerely,

Marcia R. Morgan

Secretary

MRM:deh

Attachment